This packet details the Certificate of Insurance (COI) and endorsement instructions that must be validated by VendorShield to confirm the vendor meets the client's compliance requirements.

**Page 1**: Introductions
**Page 2**: Visual COI Instructions
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## To the Insurance Agent:

**Step 1:** Review the COI/Endorsement requirements found here AND the VendorShield email you received.
(The email lists out the specific policy limit and endorsement requirements for this vendor)

**Step 2:** Upload the documents via the Producer Portal.
(Click the link found in the email and use "*Drop Files to Upload*" function for the fastest processing time).
Do NOT mail the certificates.

## To the Vendor:

➢ The visual COI instructions sample found on page 2 shows what your COI should look like to be marked compliant. Pay close attention to the highlighted fields and notations. If your insurance documents are marked non-compliant for a specific reason, compare your COI to the visual COI instructions sample to identify the difference and work with your agent to submit a revised certificate.

➢ In your VendorCafe profile → "**Insurance Information"** Tab, you can view the numeric limits needed for each policy. If you do not meet these limits or do not have a required policy, you will have to work with your insurance agent to obtain the coverage.

**Further Instructions- Continue Below**

# VISUAL COI INSTRUCTIONS

**ACORD®**

**DATE (MM/DD/YYYY)**

❶ **ISSUE DATE SHOWN HERE MUST BE WITHIN LAST 30 DAYS**
*(Industry standard is that information must be recent to be deemed valid. 30 days is the maximum timeframe in which VendorShield will accept a COI)*

| PRODUCER | | |
|---|---|---|
| YOUR INSURANCE AGENT'S COMPANY INFORMATION *(Note for Vendor: This information should match what you entered in your VendorCafe profile under the "Insurance Information" tab)* | | |

| CONTACT NAME: INSURANCE AGENT CONTACT INFO | |
|---|---|
| PHONE: | FAX: |
| EMAIL: | |

| INSURER(S) AFFORDING COVERAGE | NAIC # |
|---|---|
| INSURER A: INSURANCE CARRIER FOR 1ST POLICY | # |
| INSURER B: INSURANCE CARRIER FOR 2ND POLICY (IF APPLICABLE) | # |
| INSURER C: | # |
| INSURER D: | |
| INSURER E: | |
| INSURER F: | |

**INSURED**
Note for Vendor: Your legal business name and/or your DBA, along with your corresponding address information, must be similar to what you entered into your VendorCafe profile in order to be validated as compliant.

❷ **THIS DATA IS USED TO VERIFY ENDORSEMENTS & AM BEST RATING**

## COVERAGES

❸ ADDITIONAL INSURED & WAIVER OF SUBROGATION ENDORSEMENT **FORMS** ARE REQUIRED. (**THE BOXES CHECKED HERE WILL NOT SUFFICE**). SEE BELOW FOR MORE DETAIL.

❹ LIMITS MUST MEET OR EXCEED THE AMOUNTS REQUIRED BY THE CLIENT BASED ON YOUR VENDOR INSURANCE CATEGORY. REFER TO VENDORCAFE PROFILE OR PRODUCER EMAIL INSTRUCTIONS FOR SPECIFIC NUMERIC LIMITS

| INSR LTR | TYPE OF INSURANCE | ADDL INSD | SUBR WVD | POLICY NUMBER | POLICY EFF (MM/DD/YYYY) | POLICY EXP (MM/DD/YYYY) | LIMITS | |
|---|---|---|---|---|---|---|---|---|
| A | X COMMERCIAL GENERAL LIABILITY / CLAIMS MADE [X OCCUR] | X | X | To Vendor: Policy number should match what you entered in VendorCafe under the "Insurance Information" tab. | Effective Date must be for current term. (If future term, we must also have a current term on file to be compliant) | Expiration date must be in the future. (Policy will be noncompliant if it is already expired) | EACH OCCURRENCE | $ |
| | | | | | | | DAMAGE TO RENTED PREMISIS (Ea. Occur) | $ |
| | | | | | | | MED EXP (Any one person) | $ |
| | GEN'L AGGREGATE LIMIT APPLIES PER: POLICY PROJECT LOC OTHER: | | | | | | PERSONAL & ADV INJURY | $ |
| | | | | | | | GENERAL AGGREGATE | $ |
| | | | | | | | PRODUCTS-COMP/OP AGG | $ |
| A | AUTO LIABILITY [AUTO TYPE BOX MUST BE CHECKED] ANY AUTO / OWNED AUTOS ONLY / SCHEDULED AUTOS / HIRED AUTOS ONLY / NON-OWNED AUTOS ONLY | | | [POLICY # HERE IF REQUIRED] | [EFFECTIVE DATE] | [EXPIRATION DATE] | COMBINED SINGLE LIMIT (Each accident) | $ |
| | | | | | | | BODILY INJURY (Per Person) | |
| | | | | | | | BODILY INJURY (Per accident) | |
| | | | | | | | PROPERTY DAMAGE (Per accident) | |
| | | | | | | | *Auto FYI* | |
| B | X UMBRELLA LIAB [X OCCUR] / EXCESS LIAB [CLAIMS-MADE] / DED RETENTION $ | X | X | [POLICY # HERE IF REQUIRED] | [EFFECTIVE DATE] | [EXPIRATION DATE] | EACH OCCURRENCE | $ |
| | | | | | | | AGGREGATE | $ |
| C | WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE Y/N OFFICE/MEMBER EXCLUDED (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below. | N/A | X | [POLICY # HERE IF REQUIRED] | [EFFECTIVE DATE] | [EXPIRATION DATE] | X PER STATUTE [ OTHER ] | |
| | | | | | | | E.L. EACH ACCIDENT | $ |
| | | | | | | | E.L DISEASE-EA EMPLOYEE | $ |
| | | | | | | | E.L. DISEASE-POLICY LIMIT | $ |
| | **Professional Liability** | | | | | | | |

**DESCRIPTION OF OPERATIONS/ LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)**

**This certificate supersedes all previously issued certificates for this holder, applicable to the carriers the ownership entity(ies) and EAH, Inc. and all affiliates are included as additional insureds on the general liability policy as their interests may appear in regard to work performed or services provided by the named insured.**

*"DOO" FYI*

| CERTIFICATE HOLDER | CANCELLATION |
|---|---|
| **EAH, Inc.** **c/o VendorShield** **PO Box 1576** **Hicksville, NY 11802-1576** *CERTIFICATE HOLDER MUST READ EXACTLY AS SHOWN:* | SHOULD ANY OF THE ABOVE-DESCRIBED PO... DELIVERED IN ACCORDANCE WITH THE POLIC... ...LL BE **AUTHORIZED REPRESENTATIVE** *SIGNATURE* **NOTICE OF CANCELLATION REQUIRED** ------------------------------------------------------- **SIGNATURE, STAMP, OR OTHER INDICATOR FROM AUTHORIZED PARTY MUST BE SHOWN** |

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## Reference Info Below

*Auto FYI*

Auto Liability must show EITHER Combined Single Limit <u>OR</u> the 3 Split Limits. If both are present on the certificate, it will be rejected.

*"DOO" FYI*

The Description of Operations ("DOO") can be either copy/pasted exactly as it appears or summarized by the agent in their own words.
A summary of the coverage must reference all the required information in order to be compliant.

# Endorsement Form Instructions:

The following endorsement forms must be submitted for each policy. These can only be marked compliant by submitting the actual forms or equivalent policy documents. A mark on the certificate or wording in the description of operations will not suffice.

**Blanket** additional insured and waiver of subrogation (if applicable) are accepted.
If **scheduled**, then additional insured and waiver of subrogation (if applicable) must read as follows:

| Entity(-ies) to be Named | Covered Locations |
|---|---|
| EAH, Inc.<br>c/o VendorShield<br>PO Box 1576<br>Hicksville, NY 11802-1576 | All Locations |

## Endorsement Form Tips:
1) **Policy/Insured Identifiers**: All endorsement forms that have sections which require policy information, must have those fields filled out with information matching either the certificate of insurance or other policy document (ex: declarations page)
   - *Example: If there is a field present for effective dates, it should be filled out with dates matching the COI. If it is left blank, it will be marked non-compliant.*
2) **Scheduled endorsement forms** (Additional Insured and Waiver of Subrogation) must include the exact language outlined in the instructions above. *Note: This is not required for blanket endorsements*

3) **When a Declaration Page must be submitted:**
   - If a scheduled endorsement refers to a declarations page for proof of the covered party, then that declarations page must also be submitted.
   - If a scheduled or blanket endorsement refers to a declarations page for proof that the endorsement was paid for, then that declarations page must also be submitted
4) VendorShield uses any version of endorsements forms, declarations pages, or the entire policy jacket to determine whether endorsement will satisfy the client requirements.

## Policy Requirements:

| General Liability | • Additional Insured Ongoing Operations Form<br>• Primary & Non-Contributory Form or Language<br>• Waiver of Subrogation Form |
|---|---|
| **Auto Liability** | • Auto type needs to be marked |
| **Workers Compensation and Employers Liability** | • Waiver of Subrogation Form *(if applicable by state law)* |
| **Professional Liability** | If required by vendor category |

## Other Requirements:
✓ **Notice of Cancellation:** All insurance policies and certificates of insurance shall either include a physical endorsement or language on the standard Accord form providing written notice for cancellation.

✓ **A.M. Best Rating:** Rating of at least A- and financial category size of at least VII

Thanks for your cooperation,

VendorShield